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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

EPIDEMIC DYSENTERY,

AS IT MANIFESTED ITSELF IN TRENTON
AND A PORTION OF GIBSON COUNTY, TENN.,
IN THE FALL OF 1881. ITS HISTORY AND
ETIOLOGY.

BY T. J. HAPPEL, M.D.

Read before the Medical Society of Tennessee, April
10th, 1882.

(Concluded from page 648).

It is true, that Cases Nos. 1, 2, 3, 6, 7 and 8, of the fatal series, might possibly, of an ordinary year, have been attributed to malaria chiefly, but those neighborhoods had had, during the year, so far as I can ascertain, scarcely any ordinary manifestations of the baneful influences of malaria.

In two of the cases, Nos. 2 and 3, the drinking water might have aided in developing the disease, but that could not have been the sole, or even chief, cause, as we would have reasonably expected the adult members of the family, or at least some of them, to have developed the same trouble, which was not the case.

A few cases, my own included, might have resulted from imprudent eating, but by far the larger number of those affected were as prudent in their eating as usual.

The epidemic cannot be accounted for upon the theory of contagion, for although, in many cases, several members of the same family suffered, often in succession, yet neighbors and visitors escaped, though frequently in contact with the disease; and further, cases of the disease occurred simultaneously at too many different points, in persons who had not come in

contact with the disease or each other, to give any weight to the idea of contagion.

Case No. 1 was visited by a large number of friends, none of whom contracted the disease.

We would also conclude that no other local or endemic causes existed to give rise, *per se*, to the disease, for there have been, as already stated, only a few sporadic cases presenting themselves, for years, in this city.

Nor can the idea that epidemic dysentery is essentially a filth disease be sustained by any of the facts in this outbreak of the disease.

In 1874 we had a longer drought, but different in many essentials from this one of 1881, but no dysentery resulted.

And, again, were it a "filth disease," due to the concentration of surface decomposition and its conveyance into our water supplies, and from them into our systems, dry seasons ought to produce dysentery, and the disease ought to be epidemic, or the number of cases constantly on the increase in the larger cities; but the reverse of this is true.

Epidemic dysentery, and, to a great extent, sporadic dysentery, has almost disappeared from London (see Watson's Practice of Physic), Philadelphia and New York.

I might cite other facts, but am consuming too much time.

I do not deny that malaria aids very materially in putting the system into such a condition that the disease may occasionally occur, but in addition to this as a first cause, or rather, *one* factor, and errors of diet, exposure to cold, etc., as a *second* factor, there is yet needed *another something*, a "TERTIUM QUID," to bring about, in con-

junction with the other causes, an epidemic of dysentery. Without it only sporadic cases occur.

This "tertium quid" I claim existed and is found in the peculiar atmospheric conditions which were present during September and October, 1881, and that the only solution presenting itself for so widespread an epidemic was and is, *the influence of the high and variable temperature and the meteorological changes, upon those exposing themselves to them.*

From July 1st to the middle of September there had fallen scarcely half an inch of rain in all. The weather had been hot and dry. The ponds of stagnant water evaporated rapidly, so that by August 1st the decay of vegetable matter ceased.

After this long drought, we had a few light rain falls early in September, and then on September 15th a good rain. After a few cool days the hot term took a new lease upon life. Every one became relaxed and enervated. The physical man was soon in a good condition to take on disease of any kind. Supervening upon days of this kind came cool nights; especially were the thermometric variations great toward daylight. The surface capillaries becoming contracted under the stimulus of this cool temperature toward morning, a determination of blood to the internal organs took place. A repetition of this routine day after day, and night after night, soon brought the system in just such a condition that any exciting cause could produce the disease under consideration.

To state my idea a little differently, and to reason upon it a little further:—

The circulation of the abdominal viscera being, so to speak, under the control of the liver, this determination of blood to the internal organs caused a congestion of the liver proportioned to the amount of determination; now, whatever produces a congestion of that organ deranges this portal circulation and produces a general portal congestion, and a frequently recurring portal congestion was, of course, followed by as frequent a congestion of the mucous membranes of the rectum and descending colon, as well as that of the balance of the alimentary canal.

The venæ portales being unsupplied by valver, the capillary congestion was most marked in those portions where gravity brought to bear the heaviest forces; hence, was greatest in the mucous lining of the rectum and descending colon.

Now, having stated as briefly as possible my idea of the cause of the epidemic, and its modus operandi, let us study, for a while, the conditions

of the atmosphere, with its changes, as shown by the thermometer, barometer and hydrometer.

Having stated, in general terms, the status from July 1st to September 1st, we will begin a more minute examination from September 1st, as, prior to that time but few sporadic cases of the disease occurred.

From September 1st to 10th the average maximum temperature was $93\frac{1}{2}^{\circ}$; the average temperature at 6 a.m. was $73\frac{1}{2}^{\circ}$, making an average daily variation of 20° . The maximum temperature was 97° , the minimum 69° , making a variation between the two extremes of 28° . For the five days following the 10th, the average maximum temperature was 72° , the average minimum temperature 63° , making a variation of only 9° ; but taking the two extremes, at noon on the 13th, the maximum temperature was 94° , and on the morning of the 12th 56° , thus making the greatest range 38° . On the 15th, as previously stated, a good rain fell, and on the 16th the minimum temperature was 58° , and the maximum 71° , a variation of 13° . On the 17th the maximum temperature was 74° , the minimum 52° , a variation of 22° . From the 17th to the 21st the average minimum temperature was 59° , the average maximum 78° , the average variation 19° . The lowest temperature was 52° , on the 17th, and the highest 84° , on the 20th; thus making the greatest variation 32° . From the 17th to the 22d the morning temperature gradually increased to 66° , while the noon temperature rose to 86° on the last named day.

From the 22d to the 26th, inclusive, the 6 a.m. temperature gradually increased from 66° to 74° , while the noon temperature went to 90° on the 25th, making a difference of 38° between the minimum and maximum temperature in eight days. On the 26th the maximum temperature dropped to 74° , to be followed at once by a daily increase of from 3° to 5° in maximum temperature to the 29th, reaching 86° , giving a variation of 21° between the two extremes of that day.

The barometric changes from September 1st to 13th were very slight, and with the exceptions of the 3d and 4th, not falling below 30, but at the same time the hygrometric variations were decided; especially was this the case on the 4th, when the humidity at 6 a.m. was 88.6, while at 2 p.m. it was only 37.4, a difference of 51.2.

The 14th and 15th were days of considerable barometric changes, with rain on the latter day, followed by a rising barometer and increasing temperature on the 16th. On the 17th a stationary barometer, but humidity varying from 91. at

6 A.M., to 27 at 2 P.M., being a change of 64. On the 26th a falling barometer and increasing humidity, the average being 83.

October opened with a morning temperature of 70°, rising to 84° on the same day, and to 88° on the next; then to fall to 56° on the evening of the 5th, giving a variation of 32° in four days, converting a late fall month into one of midsummer heat.

On the 6th the morning temperature was 54°, and at midday 75, making a variation of 21° in six hours. On the 10th we find the morning temperature 59°, and on the 11th 55°, with a maximum on the latter day of 80°, making the range 25° for that day. The 12th, 13th, 14th, 15th, and 16th are noted for their great range of temperature, rising on the latter day to 85°, to drop on the 17th, in the evening, to 54°, and on the morning of the 21st to 48°, showing a difference of 40° in five days, with a variation of 18° the next day. From the 23d to the end of the month the temperature was much more uniform, the greatest variation in the daily mean temperature being 6°. The changes of the barometer were slight in October, to the 23d, and from that time to the end of the month very variable and uniformly low.

The hygrometer showed but slight changes to the 12th, and then they became marked, being 24 on the 13th, 31 on the 14th, 42 on the 15th, 38 on the 16th, attaining a maximum variation on the 20th; on that day being 88½ at 6 A.M., and 39 at 2 P.M.

From that time onward the variations in humidity were not so great till the 26th, when we find the variations 51, with a decrease in variation until the end of the month.

November opened with a variation of 21° between the extremes of temperature, to be reduced the next day to 19°, with a further decline in the morning temperature on the 4th to 40°, making in four days a difference of 29°, changing from summer's heat to frost on the 4th. From that time on the temperature, though moderately high, continued uniform. November will be remembered as a warm month up to the 20th.

Both the barometer and the hygrometer varied much from the 1st to the 10th of November. The variation between the two extremes was .614 inch, and of the hygrometer 58, with a daily variation on the 1st of 47.

Now, the variations in temperature given have been ascertained by comparing the minimum and maximum temperature, as read from a thermometer not exposed in any way to the direct or indirect rays of the sun. If, then, to the

variations already given, we add about 20° increase in heat to which those were exposed who were unprotected from the midday's sun, the gap between the daily minimum and maximum temperature becomes enormous, reaching in some cases to upward of 50°.

With this amount of daily variation, and its consequent effects upon the human system, I see no trouble in accounting for the epidemic under consideration.

Let us study a little further, first, the fatal cases already cited, and further facts will be found to warrant the assumption that the "tertium quid" giving rise to the epidemic was the unusual and excessively high and variable temperature.

Of the fifteen fatal cases reported, six were adults, four males and two females, but all of such stations and conditions in life, and following such vocations, except one, as to necessitate an active out-door life, exposed to these decided variations in temperature; four were children, ranging from four to seven years of age, just the age at which it is impossible to restrain a vigorous, active child; four of the remaining ones were old enough to be in and out of doors at all times; and only one was too young to be exposed much.

A majority of the deaths in this series took place from October 1st to the 20th, and several others in the last week in September—the very time at which the temperature was highest and the atmospheric changes greatest. Then, too, according to my own observations, confirmed by those of Drs. Moore and Bright, the epidemic was most extensive about the same time.

As has already been remarked, the week succeeding the Fair was one of greatest suffering, and by examining the weather statistics given, it will be seen that from October 11th to 25th the changes were great and sudden. Then, too, at this particular date more persons were exposed to those changes than at any other time during the fall.

Frequently those persons who had any distance to travel started early, were then exposed to the cool morning air; at noon were frequently in the direct rays of the sun, and returning through the dust in the evening, were out in the sultry night air.

Again, the large majority of those who escaped any enteric trouble were persons whose vocations were such as to keep them indoors, or whose circumstances in life were such as not to force them to labor and expose themselves.

In conclusion, I do not pretend to claim that

the high and variable temperature and atmospheric changes were *alone* the causes of the disease, but that it was the great predisposing agent, the factor which put the systems of so many in just such a condition that any exciting cause could and did give rise to the epidemic.

Malaria aids, and so does exposure to cold, errors of diet and similar causes, as set forth in our works on diseases; but these, of themselves, can never give rise to an epidemic of dysentery.

As already stated, these causes can produce only sporadic cases. Malaria, too, would be a complication, and often a grave one, in epidemic dysentery, and, had it existed as an important factor in the disease of this year, in my opinion, the epidemic would have numbered its victims by the scores.

But let all these minor factors be present, and no high, variable temperature and atmospheric changes present themselves, and you have no epidemic dysentery; but let the latter factor, the *tertium quid*, be present, then, almost any one, or, at most, two of the former factors will kindle up the epidemic.

HOSPITAL REPORTS.

UNIVERSITY OF THE CITY OF NEW YORK.

CLINIC OF J. WILLISTON WRIGHT, M. D.

Professor of Surgery.

Lupus Non-exedens.

GENTLEMEN:—There is a dearth of material at our clinic to-day, but we will present such as we have. The first patient is a man fifty-five years of age, who says that about two years ago he received a slight injury on the side of the nose, which developed into a warty excrescence, at first about the size of a bird shot, but having now extended until it covers a space larger than your thumb nail. On picking off the outer wart like crust there is exposed beneath fungus-like granulations. It has all the appearance of lupus of the nose, a favorite locality for that disease. You will remember that there are two varieties of lupus, one a slow, quiet form, which does not show any marked tendency to ulcerate, or rather to destroy the tissues; consisting of a ragged, rough surface, without any ulceration, whatever, and fringed at the margins with a quantity of small, tubercular-looking bodies of a red color, and outside of this, adjacent to the margin of the disease, a desquamation of the skin. This form is known as *lupus non-exedens*. The other form is known by the various names of rodent ulcer, *lupus exedens*, *noli me tangere*, etc. The latter form is characterized by rapid progress, by its tendency to destroy everything which comes in its way—not only the skin, the connective tissue,

and the cartilage of the nose, if it happens to be in that portion of the face, but finally even the bones, so that sometimes it produces the most frightful ravages on a man's face, eating out the whole cheek, carrying away the bones which form the floor of the orbit, a good part of the upper jaw, and sometimes allowing the eye itself to drop down into this frightful chasm which has been made by the progress of the disease. It reaches this aggravated stage generally within a very few months.

Very often the two forms seem to be intimately associated with one another. For example, we find here unquestionably an example of the milder variety of the disease known as lupus, but we have no guarantee that, at any time, it may be next week, next month, or next year, this condition may not pass into the other. It seems proper, therefore, to make some effort to relieve the man of this growth while it is in this comparatively harmless condition.

Now, there are two or three ways of dealing with it; we may, for instance, encircle the mass with the point of the knife, and dissect that portion of the skin and connective tissue out. Then we may close up the opening thus made by sliding the integument over a little, doing some plastic surgery, or what would probably be better, inasmuch as we are dealing with a disease which has a certain amount of malignancy about it, to say the least, treat it as an open wound, and allow it to granulate. On the other hand, we can destroy the growth by the use of an escharotic, and this is the treatment which I think is proper to make use of in this particular case. We will simply lift the dry crust which has formed over the disease, scraping it with the scalpel, and then apply, pretty thoroughly, some powerful escharotic; for this purpose one of several different kinds of escharotics may be used. A favorite one with many surgeons is what is known as butter of antimony, which is applied with a little swab, as a piece of cotton wrapped round the end of a stick, or applied with a glass brush, or by other means. Another very good escharotic consists of a saturated solution of chromic acid. This, perhaps, is not as painful as the butter of antimony, and at the same time, I do not think it is as effectual in its results. Another is what is known as Vienna paste. The acid nitrate of mercury is a powerful escharotic, and may be applied in the same way as butter of antimony. There is, however, a particular escharotic which I wish to try the effect of in this case, namely, what is called chlor-acetic acid, which looks in the bottle, as you see, very much like water, but which has very powerful caustic effects. I have found it the best substance that I have used for the treatment of papillary tumors, such as warts, etc. Of course, this substance will produce some sloughing of the tissues. After the application the sore will be treated by a piece of lint spread with the nitrate of mercury ointment, full strength. At the same time the patient will be put upon constitutional treatment, say ten drops, three times a day, of Donovan's solution, that is the iodide of mercury and arsenic; it may also be well to give him some preparation of iron.

If the fungous mass springs up again it will be treated in the same way.

Arthritis.

Our next patient is a man forty-two years old, a peddler by occupation, who slipped and fell on the stairs, in the latter part of January, 1882, striking his left shoulder on the edge of the stairs.

On comparing the shoulders one with the other, you will observe that there is a greater prominence, a protuberance, at the junction of the scapula and acromion process. You will also observe a slight spasmodic contraction or twitching in the triceps muscle. In evidence that there is no dislocation of the humerus, you see we are able, after placing the left hand on the opposite shoulder, to bring the elbow down against the walls of the thorax. Another test for dislocation at the shoulder is to lay a straight surface, as a ruler, against the external condyle of the humerus below, and if possible, the other end against the acromion process above; if there be no dislocation, the round head of the humerus will so project as to make it impossible to bring the upper edge of the ruler against the acromion process, while the edge below lies against the external condyle; but if there be a dislocation of the bone out of the glenoid cavity, in almost any direction, this can be effected. Still another test consists in taking the circumferential measurement of the shoulder, comparing it with the opposite side. It is not as absolute a test as are the others, because the man may be differently developed on the two sides. But when it is remembered that in dislocation there is an increase of about an inch and a half or two inches in the circumference of the shoulder, it becomes a pretty positive test, for it is not likely that a man will be so unequally developed as to make so great a difference. In this case the measurement outside of the prominence on the right side is fifteen inches, while on the left, the affected side, it is only fourteen and three quarters inches. Certainly, then, there is no dislocation. Nor is there any paralysis of the deltoid muscle, for the man is able to lift his hand above his head. You will observe that we are eliminating everything that it may be, and bringing it down to the only thing which it can be; in other words, we are making the diagnosis by exclusion.

The next thing to be considered is, whether there may not be some inflammatory action going on in the joint. When I rotate the bone in the glenoid cavity the patient does not complain of it at all, except when I bring a strain upon the particular prominence before mentioned. So far as the shoulder joint itself is concerned, there seems to be no trouble going on there. There is not only no pain on rotating the humerus, or on pushing it solidly into the socket, but there is no crepitus whatever. Therefore we can be certain there is no erosion here, of the cartilages, nor effusion into the joint.

Then we come to consider the point at which pain seems chiefly to centre, namely, just at the articulation between the acromial end of the clavicle and the acromion itself. Now, we may possibly have fracture of the clavicle here, which gives rise to this prominence; it may be possible to have fracture at so close a point to the articulation. But we find no evidence of this on examination; there has been no callus

thrown out, causing any enlargement of such a nature, but there would have been some, even had the bone become very closely and smoothly united. If there were dislocation of the clavicle with the acromion process, either by slipping above or below it, there would be a difference in measurement from the centre of the sternum to the acromion process on the two sides. But here we find the measurements exactly the same. Besides that, if there were dislocation under the acromion, this process would ride up abruptly; or if a dislocation over it, there would be a similar elevation or overriding of the clavicle.

Therefore, gentlemen, we will put this case down as one simply of arthritis, and I think it very doubtful whether the injury which the patient sustained in January is wholly responsible for it. It may be, but I think it quite as likely that this inflammatory action about the joint, which has thickened the cartilaginous surfaces, and probably also the synovial membrane, has another origin, probably in rheumatism. The injury may have been the starting point, the exciting cause, but not the predisposing cause.

The treatment will consist in the administration of the iodide of potassium, five or ten-grain doses three times a day, and the application in this locality of a series of small fly blisters. Put on one to-day or to-night, perhaps three inches square, and after it has been on about eight hours puncture the vesication, letting the water out, and dress it with simple cerate, or combined with a little morphine, to make it more anodyne. Continue so to dress it until the blister heals, and if then, after two or three days, the pain and tenderness do not subside, put on another, and so repeat the process, if necessary, until the patient has had six or more vesications. If he be faithful in this treatment, I think that after awhile the pain will subside, and probably considerable absorption and decrease in the enlargement will take place.

Inguinal Hernia.

This man is employed about machinery, and some time ago noticed a tumor in the inguinal region, which has been getting larger. On examining this tumor we find that it does not extend down into the scrotum; that it is tympanitic on percussion; that it has a distinct impulse when he coughs. I will answer my own question as to whether this hernia is direct or indirect, by saying that it is a question difficult to decide in the living subject like this, and it is for this reason that, in a strangulated hernia, we cut directly upward, for we know not on which side of the epigastric artery the gut lies. In an old hernia like this, if it be through the internal abdominal ring, the two rings will probably be so closely drawn together, by the weight of the hernial mass, as to make it very difficult to decide whether it be a direct or indirect hernia. In the case of this patient the hernia is very easily reduced, and goes back with a very distinct gurgling noise. It can be made to come and go at pleasure as he lies down, and coughs. Invaginating the scrotum, and introducing my finger into the external ring, I find it greatly enlarged; this can be felt easily, also, without

invaginating the scrotum, and the hernia seems to have come directly through Hesselbach's triangle.

This man needs a good, strong truss, with a stiff spring, and a rubber water bag or air pad, so as to thoroughly prevent a protrusion of the hernia. He says he is too poor to purchase one.

He will be supplied with one free, by going to the Institution for the Crippled and Raptured, Lexington avenue and Forty second street but it is not to be supposed they can afford to give away trusses of the highest quality, such as this man ought to wear.

MEDICAL SOCIETIES.

PHILADELPHIA COLLEGE OF PHYSICIANS.

Remarkable Case of Sacculated or of Circoid Aneurism of the Second Interosseous Branch of the Deep Palmar Arch. Treated by Excision; with Exhibition of the Specimen.

BY JOHN B. ROBERTS, M.D.,

Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy.

Read May 3, 1882.

The specimen which I exhibit this evening, and its accompanying history, are interesting, I think, because of the extreme rarity of the condition. I know of no similar case reported; but I have not had an opportunity to search for such in medical literature, because the operation was performed only a few hours ago. The specimen is fresh, and is exhibited now before the appearances have been changed by any preservative fluid.

Dr. Charles H. Thomas requested me, a few days ago, to assist him, at an early date, in operating upon a tumor of the hand in a boy, aged sixteen years. From his earliest childhood he had been under Dr. Thomas's observation, and had had a small elongated tumor upon the dorsal surface of the first phalanx of the left ring-finger, while in the palm, at the junction of the bases of the middle and ring-fingers, was a larger swelling. These were considered masses of dilated veins, as they had a spongy feel, and at times showed a bluish color. There was no very definite connecting band of swelling between the dorsal and palmar enlargements. No special pain was experienced, unless the parts were struck, and no marked growth occurred. Hence the child's mother was advised to have nothing done. As the boy grew, the hand and tumor increased, but held the same relative proportions. When the boy began work in a machine shop, the skin became thickened and soiled, and the bluish tint was no longer discernible.

About two months or less ago the growths seemed to enlarge and to be accompanied by considerable pain, and Dr. Thomas advised the use of a compress in the palm and a bandage around the finger. This the boy wore at nights, and usually from Saturday to Monday morning, when he returned to his work. Recently there was noticed pulsation in the palmar tumor and

a lobulated feel; and Dr. Thomas feared that an arterial aneurism existed.

When I examined the boy last evening, I found on the back of the third finger a hard, fibrous-like tumor, as large as a watermelon seed, with the long diameter corresponding to the length of the phalanx. In the palm was an illy defined swelling covered with thick skin, very sensitive to pressure, and occupying about the area of a silver half dollar. No swelling was evident connecting the two tumors. On the ulnar side of the palmar mass moderately distinct pulsation could be felt, which quickly stopped when the radial artery was compressed at the wrist, but merely decreased in force when the ulnar was pressed upon with the fingers. No pulsation was felt in the dorsal tumor.

The boy had severe pain even when no pressure was made upon the growth in the palm.

I gave it as my opinion that the growth was an arterial angioma connected with the second interosseous branch of the deep palmar arch, having anastomoses with the digital branches of the ulnar artery. Dr. Thomas considered it possibly this, but probably a sacculated aneurism. His diagnosis has proved to be the more correct.

It was determined to employ the Esmarch elastic bandage, and to make a free incision over the tumor and dissect it out, whether it be angioma or aneurism. As Dr. Thomas was disabled by a painful boil on his right hand, he requested me to operate. The boy was etherized and the elastic bandage applied.

I made an incision from a point a little in front of the superficial palmar arch to the commissure of the fingers, and came upon a mass of fat and small vessels, in the centre of which was a bluish nodule, resembling larger vessels containing blood not driven out by the elastic bandage. Keeping close to the skin, and going down to the sheaths of the flexor tendons, I dissected the mass free. Lying alongside of the palmar interosseous muscle going to the ring-finger (2d interosseous) we saw a comparatively large vessel which seemed to be the main feeder of the mass. I then extended my incision, making a straight cut along the side of the ring finger, dissected up the skin, and enucleated the hard nodule lying on the back of the first phalanx. This seemed connected with the other mass by some fibres or small vessels, and both were removed as one piece. The wound was then plugged with dry muslin, to stop the general oozing that occurred after removal of the bandage, and a tight bandage applied. No ligatures were required, because my incisions were made at a distance from the tumor.

Dissection of the palmar mass showed that I had removed a small body, about three-quarters of an inch in diameter, containing clotted blood, and surrounded by adipose tissue and nerves. Small collapsed vessels in large numbers may, perhaps, be found in this adipose tissue, by microscopic examination. Only a few larger ones were recognizable by ocular inspection, because of the absence of blood from the interior. The tumor, as is seen on the plate, consists of three lobules of rather unequal size, arranged somewhat as a trefoil. The largest one of them, which has been punctured, allows the escape of soft clot; this sac is about one-half an inch in

diameter. The three sacs seem to be separate, because the head of a pin introduced into one does not pass into the others. The two smaller sacs or lobules are hard, as if the clot was old. One has been laid open, and shows a white centre, or nucleus, of cartilaginous consistence, surrounded by a layer of red clot. On the surface of this three-lobed tumor runs a nerve, which probably was the seat of pain from pressure, and parallel to it a small artery. Both of these become lost in the mass, at the upper end of the tumor, which was thought to contain the main supply of the aneurism, and around which a string was tied and left for identification.

The tumor from the back of the finger is hard, and on section shows an irregularly colored red surface. I believe the tumors, therefore, to be small sacculated aneurisms, evidently allied to or identical with the variety called cirroid aneurism. The one on the back of the finger and the two smaller lobules in the palm are undergoing cure by coagulation, induced in the dorsal one, undoubtedly, by the pressure from the bandage used at intervals during the last six weeks or two months.

If the diagnosis had been more certain as to aneurism, I believe that digital compression of radial and ulnar arteries, or the use of an Esmarch elastic bandage to the forearm, would

have been the proper treatment before excision was attempted.

The early period of life (about three years) at which the trouble was noticed primarily renders it probable that the aneurisms were not originally traumatic. It is possible, I suppose, that the vessels of an arterial angioma may have become so dilated as to resemble these multiple aneurisms.

The similarity to cirroid aneurism is certainly very great, though there are some points which differ somewhat from the usual clinical history of these growths.

After the reading of the preceding paper:

Dr. W. W. Keen called attention to the danger of using coagulating agents in such cases, and spoke of a case of traumatic origin he had seen in consultation, in which a few drops of Monsell's solution had been injected into the aneurismal sac, and gangrene had followed, necessitating amputation of the hand. He thought compression of the radial and ulnar arteries would probably have accomplished a cure, and the risks of an operation would have been avoided. With regard to the small tumor on the dorsal surface of the ring finger, he thought it unlikely to be an aneurism. Nothing short of a microscopical examination would determine its nature.

EDITORIAL DEPARTMENT.

PERISCOPE.

Chloroform Mortality.

The *Lancet*, February 11th, 1882, editorially says:—

The number of deaths at present occurring from the administration of chloroform is so startling, that it is arresting public not less than professional attention. One of these fatalities occurred at Malvern Wells, and is a fair specimen of many more. The patient, Charles Holmes, a man fifty-one years of age, consulted Mr. Haynes for dislocation of the shoulder. Mr. Haynes tried the usual modes of practice for reducing the dislocation without anaesthesia, but did not succeed, and, failing, determined to reduce under chloroform. He took every reasonable precaution before carrying out this intention. The examination of the heart gave no indication of disease, and there was no obvious reason why the narcotic should not be employed. It was also used with due care, but during the second degree of muscular excitement the patient became collapsed, and rapidly died. The post-mortem, conducted by Mr. H. J. Brown, of Worcester, revealed "long-standing structural disease;" fatty degenerative change, we presume, of all the vital organs; so that "the man might have died at any moment." The class of case here presented is typical. There is a large population of this kind, a population of men and women, but of men especially, who, without presenting, even to skilled observation, their precise state, are liable to die at any moment.

They die from slight mental shocks; they die from comparatively slight physical shocks; they die under efforts to run or climb; they often die in attempting to catch the train against time; they die in the most ready manner under certain of the anaesthetics. It is probable they are in danger under any of the anaesthetics which are as yet known, but it is certain that they are in great danger under every one of the class that belongs to the chlorine family. The chlorine, which really has nothing to do with the production of the anaesthesia, for that depends on the organic radical with which it is in combination, is the cause of the danger. It acts as an irritant. It produces sudden contraction of arterial fibre, arterial shock, by which the course of blood through the pulmonary and systemic circuits is impeded, and the feeble heart, unable to meet the difficulty, is arrested in its action during the second degree of anæsthetic sleep. The practical lessons to be remembered on this very solemn subject are always deserving of mention. In the first place, there can be no doubt that when any suspicion exists that life is not at its best, and that the heart is feeble, ether should take the place of chloroform. Ether relaxes, and for a case of dislocation, is singularly superior to chloroform. If the administration of ether is, for any reason, not practicable in the class of cases to which we refer, then the chloroform administration should be preceded by a full dose of some agent that has the relaxing effect of ether, and that agent we have at hand in ethylic alcohol. From one to two ounces of pure alcohol—specific gravity .830—is a valuable preliminary,

and should be given, diluted in eight ounces of water, from five to ten minutes before the inhalation of the narcotic is commenced. With these precautions, the dangers of anæsthesia may be greatly reduced; and they ought to be rigidly followed until the time comes when science shall give to us a new agent that, with all the facilities of chloroform, in respect of convenient and ready administration, shall combine the safety, with something more than safety, of anhydrous ether. In Mr. Haynes' case the coroner very properly asked Dr. Pike, of Malvern, whether, under the same circumstances, he would have used chloroform, and, receiving an affirmative reply, recalled Mr. Brown, to question him as to the propriety of a surgeon acting single handed in cases of operation. Mr. Brown answered that in country districts it was impossible for the surgeon to always provide another surgeon to administer; and this is the fact. It should, however, render more scrupulous the care with which the anæsthetic is selected.

Cirrhosis of Liver—Paracentesis—Recovery.

The following case, reported in the *Lancet* by Dr. R. A. D. Lithgow, possesses more than passing interest:—

A retired farmer, in good circumstances, aged between fifty and sixty, of full habit and lymphatic temperament, had for many years daily consumed a large quantity of alcohol, principally whisky and sherry; although not perhaps a drunkard in the usual acceptance of the term, he was nevertheless a deliberate and persistent drinker of ardent spirits in considerable quantities, from day to day. His general health had hitherto been fairly good, and with the exception of occasional "bilious attacks," there was seldom anything the matter with him.

On November 1st, 1877, previous to which the patient had been suffering from dyspepsia associated with symptoms of gastro enteric catarrh, he was seized with violent sickness, pain in the region of the liver—evidently the result of perihepatitis—and jaundice. Effervescing salines and podophyllin pills were ordered, also the local application of poultices and fomentations, and these gave him temporary relief, although the jaundice persisted, and there were physical signs of hepatic enlargement. On November 8th I called in my friend, Dr. T. J. Walker, of Peterborough, in consultation, and we concurred in regarding the case as one of incipient cirrhosis of the liver. Appropriate treatment by medicines and regimen was, as far as possible, adopted and enforced until the beginning of May, 1878; but in the meantime the chronic interstitial inflammation progressed, with accompanying symptoms of portal obstruction, and ultimately ascites with general anasarca. The patient finally became so cumbrous and helpless—the breathing becoming daily more difficult—that the question of tapping could not be much further delayed. Accordingly, as a preliminary, his legs were freely scarified on the 7th, and again on the 9th of December, 1877; and by these means his general condition was considerably relieved. The fluid, however, increased rapidly, and paracentesis abdominis was for the first time performed on December

24th, 1877. He was again tapped on January 16th, 1878, February 1st, 15th, and 27th, as much time as possible having been allowed to elapse between each operation. During the month of February he was ordered a mixture containing balsam of copaiba, and afterwards of oil of sandal, but these producing sickness, they were discontinued. Paracentesis was again performed on March 12th, 1878; also on March 25th, April 9th, April 20th, May 2d, May 16th, and, for the twelfth time, on May 30th, 1878. I am almost positive that the patient was tapped thirteen times, but as I find no note to this effect I think it best to adhere only to undoubted facts. On May 2d, 1878, the patient was ordered the following mixture, which he continued to take almost up to the time of his recovery: Half a drachm of iodide of potassium, one drachm of the tincture of digitalis, half a drachm of the tincture of capsicum, three drachms of simple syrup, to six ounces of water; one-sixth part to be taken every four hours. From the beginning of June, 1878—almost immediately after his being tapped for the twelfth (thirteenth?) time—the patient showed symptoms of gradual amendment, and on the 28th August, 1878, he was so far recovered as to be able to go to Brighton, from which he returned almost quite well, in a few weeks.

Remarks.—The symptoms were at one time complicated by an attack of concurrent subacute bronchitis, which fortunately yielded to appropriate treatment. As the patient persisted in having some stimulant, especially during his convalescence, he was ordered a pint bottle of champagne daily. During the progress of the case, the diet, for the most part, consisted of milk and beef tea, given systematically, a few teaspoonfuls of brandy being occasionally, but as seldom as possible, administered in milk. The kidneys acted well throughout, and the patient suffered little inconvenience from the tapings, which were performed as he lay upon the edge of the bed.

January, 1882. I have just heard that, the patient having resumed his intemperate habits, active mischief has once more developed itself in the liver, after the lapse of nearly three years and a half, during which he enjoyed fair health.

Congenital Cardiac Disease.

At a recent meeting of the Pathological Society of London (*Medical Times and Gazette*) Dr. Hadden related a case of congenital cardiac disease. The patient was a female child, four months old, and was under the care of Dr. Bristowe at St. Thomas' Hospital. On admission, the face was pale, the hands and lips livid, the chest expanded badly; the respiration was 66. Lung resonance in front was impaired, but breathing was vesicular. At the bases there was impaired resonance, with crepitation and rhonchi. No cardiac murmur was heard; no mention was made of heart's dullness in the notes. Improvement followed the next day. On the third day there was dullness over the left lung anteriorly, and scattered dullness at both bases, with crepitation and rhonchi. Before death the respiration was 96, and the temperature 101°. Post mortem,

the heart weighed four ounces, the average weight at patient's age being rather less than one ounce. The septum between the ventricles was imperfect above, admitting the middle finger easily. The right ventricle was much hypertrophied, a quarter of an inch thick in some parts; the cavity was dilated at the right apex-wall, half an inch transversely. The muscular papillae were much hypertrophied; the left ventricle was much hypertrophied; the foramen ovale and ductus arteriosus, although allowing the entry of a small probe, were practically closed. The pulmonary artery was large, the aorta inversely small. Both arose from the ventricle in the usual way. Both the lower lobes of the lungs were collapsed; the upper lobes were relaxed and crepitant; the bronchi were dilated. The nature of the case was not suspected during life, perhaps because the pulmonary trouble obscured physical signs referable to the heart. It is worthy of note that the heart weighed nearly five times the usual amount.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—"Electricity in Medicine and Surgery, with Cases to Illustrate." By John J. Caldwell, M.D., of Baltimore.

—We have received the announcement of the Woman's Medical College of Baltimore, for the session of 1882-83.

—We have received the annual report of the Central Dispensary and Emergency Hospital of the District of Columbia.

—"Genius Resistless;" a pindaric ode, in tribute to Jenner and Pasteur. By J. J. Caldwell, M.D., of Baltimore. This interesting little ode we have received, with the compliments of the author.

BOOK NOTICES.

Diseases of the Ear in Children. By Anton Von Trötsch, M.D., Professor in the University of Würzburg. Translated by J. Orne Green, A.M., M.D., Aural Surgeon, Boston City Hospital, etc. pp. 165. New York: William Wood & Co., 1882.

The author of this volume makes the statement that "in childhood, apart from a few weeks immediately following birth, an unusually strong predisposition to diseases of the middle ear exists, owing, on the one hand, to the double influence of the peculiar morphological relations of the ear and the pharynx; and on the other hand, to the diseases and conditions of life to which the child is frequently exposed." If such be the case, it would be well for all phy-

sicians to have some knowledge of the nature and treatment of diseases of the ear. The literature on this branch is rather meagre, more so than on any other branch of medicine; therefore we welcome most cheerfully this little volume before us, and commend it highly to all.

A Practical Treatise on Diseases of the Skin. By Louis A. Duhring, M.D., Professor of Diseases of the Skin in the University of Pennsylvania, Dermatologist to the Philadelphia Hospital, etc., etc. Third edition, revised and enlarged. pp. 685. Philadelphia: J. B. Lippincott & Co. 1882.

An extended notice of this book is uncalled for. It is already well known to the profession, and wherever known, it is considered as undoubtedly and unquestionably *the* book on diseases of the skin. Dr. Duhring is everywhere recognized as an earnest and intelligent gentleman, who has devoted his time religiously to the elucidation of the nature and treatment of this most obstinate and intractable class of diseases; and this volume embodies the results of his great research. It is only necessary for us to note the issue of this third edition, thoroughly revised and fully up to date.

The Student's Manual of Histology, for the Use of Students, Practitioners and Microscopists. By Charles H. Stowell, M.D., Assistant Professor of Histology and Microscopy in the University of Michigan. pp. 290. Detroit: George S. Davis, 1882.

This is a very excellently illustrated manual, containing one hundred and ninety-two engravings. Histology is making such rapid progress that it is necessary for one to keep constantly reading and studying, else he will be found behind the age. Dr. Stowell has written a very good book; it is couched in simple, intelligible language, and is an excellent exposition of the position of histology to-day, so far as it can be expressed in so small a work.

Chronic Bronchitis—Its Forms and Treatment. By J. Milner Fothergill, M.D. Edin. pp. 160. New York: G. P. Putnam's Sons. 1882.

Dr. Fothergill is a voluminous and always an agreeable writer. This book is no exception to the rule. This author seems to possess the rare and happy faculty of writing what he wishes to teach in such a style as to make it not only valuable to the physician, but also, clear, plain, intelligible reading. So many excellent works lack this pleasantness of style, that it seems almost like an oasis in the desert when we pick up one of Dr. Fothergill's works. We can heartily commend this book, which contains much valuable advice.

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D. G. BRINTON, M.D., EDITOR.

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THE LAST SIX MONTHS.

We again present our readers with a full index of the contents of the REPORTER for the last six months. It presents an even more varied and extensive range of subjects than usual. The activity of the medical world is unflagging, and we can justly anticipate great and beneficent results in the near future, as the fruit of this intellectual activity.

What particularly characterizes modern science is the perfection of its method. The laws of phenomena are sufficiently understood to act as secure grounds for the investigator of the still hidden secrets of nature and man. Those who persist in blinding themselves to these laws, and deny those methods, will undoubtedly find themselves attacking an invincible opponent. It behooves those who see more clearly, or who are more honest to their perceptions, to repudiate and shun such pseudo-scientists.

The productions of the medical press have been regularly brought to the notice of our readers. They have, perhaps, not contained so many new productions of conspicuous merit as

in some previous semesters; but the supply shows that the demand in the profession is greatest for the best class of works, especially for treatises on special subjects by those thoroughly conversant with them.

The proceedings of the Societies have been reported at considerable length. They indicate, better than any other kind of reading, what are the living, moving ideas of the day, and deserve attentive perusal.

On the whole, we believe we can say that a review of the numbers for the six months will convince any one that the art of medicine shares in full the progressive spirit which characterizes the most of the aims of human intelligence in the present day.

THE AGE OF BACILLI.

The history of the Science of Medicine teaches in no uncertain terms the fact that, from the beginning of the world of medicine, our profession has been at different times dominated and influenced by certain theories, all of which have seemed at the time to possess sufficient reality to cause them to influence and direct the whole tendency of medical research and clinical treatment into channels in accord with their teachings. The humoral theory of disease, at one time accepted by the greatest medical teachers as the source of all our ills, is only one out of many illustrations that could be adduced to substantiate this proposition.

All the various theories that have been presented from time immemorial, have had for their basis the fundamental idea of the presence in the body of some foreign element or elements, of some pathological constituent of the human body, which, being abnormal and inimical to healthy life, was the direct cause of disordered or morbid manifestations, thereby producing a diseased condition of the organism.

In this general age of progress, our profession is not behind the times. We have now our "new departure;" we are now dominated by a new idea concerning the causative agency of disease, and one that seems to possess more rational grounds for acceptance than any that have gone before.

Commencing really with the experiments and experience of JENNER, this idea of *bacilli* has been gradually engrafting itself upon the minds of medical investigators, until to-day we have it claimed that several of the most serious and most prevalent diseases known to men are produced by the presence of bacilli in the body.

From Italy we have the *bacillus malariae*, of TOMMASI CRUDELLI; from Germany the *bacillus typhosus*, of KLEBS; from America the *bacillus* of diphtheria, of WOOD & FORMAD; from France the *bacillus anthracis*, of PASTEUR, and lastly, from Berlin the *bacillus tuberculosis*, of KOCH.

This word *bacillus*, new and unintelligible to many of our readers, really means, in all instances, a minute animal or vegetable parasite, which, entering the body and possessing the power of growth and reproduction therein, gives rise to the various forms of disease, according to the nature of the bacillus introduced.

The experimental research in these different cases, carefully conducted by experienced investigators, and covering a long period of time, would seem to establish as definitely as our present means of research will allow us to determine, that the presence of these parasites is really the essential cause of the disease in question.

We have had occasion, during the past few months, to note, in the columns of this journal, the occurrence of what would seem to be pneumonia from contagion.

Would it be too much of a stretch of the imagination to suppose that this disease, and, indeed, that all other diseased conditions of organic life, may be due to the presence of parasites.

It would certainly seem very plausible for us to hold this theory, in the light of modern research; and reasoning from such a basis, a broad field is opened up for the use of young, active men, who are ambitious to distinguish themselves as original investigators.

But the real, true, vital question has not yet been met, and it is in this direction that future investigation should be especially directed.

PASTEUR has succeeded in discovering a method of artificial cultivation of his bacilli, by which he can so reduce their virulence that they will be

deprived of their extremely dangerous power to cause fatal disease, yet will retain sufficient of their original force to so impress the systems of the lower animals as to confer upon them immunity from the disease in its more serious and fatal form; in reality, he vaccinates them as a preventive of anthrax or splenic fever, just as the human being is vaccinated as a preventive against smallpox.

KOCH has succeeded in developing his bacilli outside of the body, artificially, for a period of six months, and then has produced tuberculosis in the bodies of animals inoculated with these artificially developed parasites.

But the practical point that we now desire, and toward which these discoveries direct our attention, is some remedy capable of destroying the vitality, and therefore the power for mischief, of these little foreign rascals. If one set of investigators will devote their time to elucidating the nature of the bacilli or parasite of any particular disease, and then themselves or others following in their footsteps will investigate and experiment until some means has been devised by which the foreign body in each particular case may be destroyed, then will we have accomplished a great practical feat in therapeutics. It is very well to discover a process by which immunity from any disease may be conferred, but until the public more fully realize the value of prophylaxis (which, thank God, they are commencing to do) it is equally or even more important to know how to stay the ravages of disease when it has become once established, and in the case of these parasitic diseases, it would seem that the most rational way to accomplish this indication would be to have and possess some measures potent to destroy the cause.

Let us trust that investigators will direct their energies in this direction, and that ere long we will have some good therapeutical results from this "age of bacilli." We have now a good pathological foundation upon which to erect our superstructure of therapeutics in these diseases due to bacilli; let us avail ourselves of the opportunity, and the nineteenth century will truly be the age of medical progress.

NOTES AND COMMENTS.

Ovariectomy in a Young Girl.

In the *Medical Bulletin* Dr. W. A. Fergusson reports the following unusual case: The girl was a native of England, aged 15 years. After having complained, during her twelfth year, of acute pain in the left iliac region, it was noticed the abdomen was enlarging. This gradually increased, pushing the viscera out of position and causing her to present a truly pitiable appearance. She refused to have the tumor removed, and in order to relieve her sufferings, was tapped four times. The cyst rapidly refilled after each tapping. She became very weak and emaciated, and consented to have the tumor removed. The cyst was extensively adherent to the liver, stomach, walls of abdomen, and to a less extent to the intestines, which prolonged the operation. The tumor with its contents weighed fifty-nine and two-fifths pounds. The girl made a rapid and complete recovery.

Digestion of Cellulose.

The *Lancet* says that M. Duclaux, continuing his investigations into the digestive process, has satisfied himself that the diastase of the stomach and pancreas is without any influence on cellulose, and it may, therefore, reasonably be asked whether cellulose deserves to be ranked among alimentary substances. Experiments on the herbivora present many difficulties, but are more practicable with the granivorous birds; and by feeding pigeons with Saracen wheat, malt, and pearl barley he has satisfied himself that the excrements do not contain the whole of the cellulose ingested, the amount absorbed being about one-fifth of the whole. But what is the agent of this digestion? In examining the entire grains found in the crop of birds or the paunch of the ruminants, some are found with the contents entirely liquefied. The microscope shows that in these the amylaceous masses are intact, preserving the form of the cellulose which they fill, but free from their envelope, and swimming in a liquid which contains thousands of minute rods, analogous to those which have been described by Van Tieghem, as the ferments of cellulose—"amylobacteria." These minute rods, by their growth, may be the means of effecting the digestion of cellulose, transforming it into dextrine and into glucose. These are found in the liquids of the gizzard, the mucous membrane of which, although a powerful absorbent, secretes no substance capable of acting on starch. It is easy to understand the important part played by this process of lique-

faction of the interior of the grain on the rumination of the herbivora, and on the action of the gizzard in birds. It is certain that, once present, this influence goes on, not in the stomach, in which the acid liquid hinders their effect, but in the whole length of the intestine of the herbivora. These organisms are thus, probably, the only agents in the physiological digestion of cellulose. Truly, our range of vision regarding the action of bacteria is becoming widely extended. They appear not only to constitute the processes of disease, but even to subserve some of the functions of health.

CORRESPONDENCE.

Can Two Special Systemic, or Local Activities Co-Exist?

ED. MED. AND SURG. REPORTER:—

On the 23d of December, 1881, I vaccinated a boy 18 years of age. The operation was a secondary one, but it proved fairly successful. Three days after the performance of the operation a brother of the boy was found to be suffering from diphtheria, from which disease he unfortunately died six days later. Two other brothers and the father of the children subsequently became affected. The vaccinated boy and the mother of the family were the only ones that escaped, except a little girl who was early taken away from home. The mother was between four and five months gone in pregnancy. Neither of these had the disease previously.

Now, would there not seem to be some reason for believing that the vaccination in the boy's case and the pregnancy in the mother's prevented them respectively from being attacked with diphtheria?

It has long been more or less believed by many that one special activity in the system, or a part thereof, serves to prevent the occurrence of another, or others. The celebrated Dr. John Hunter was, perhaps, the first to speak explicitly and authoritatively on this interesting and important subject. In his "Treatise on the Blood, Inflammation and Gunshot Wounds," published in 1793, he says: "It appears to me, beyond a doubt, that no two actions can take place in the same constitution, nor in the same part, at one and the same time; the operations of the body are similar in this respect to actions or motions in common matter. It naturally results from that, that no two different fevers can exist in the same constitution, nor two local diseases in the same part, at the same time." These views have been combated, but I believe their correctness has not at all been entirely disproved.

In his work on the practice of medicine, Dr. Aitken ventures to affirm that "the doctrine of the incompatibility of two or more contagious diseases occurring in the same subject has been clearly proved to be erroneous. Dr. Murchison, in an admirable paper on this subject, in *The British and Foreign Medico-Chirurgical Review* for July, 1859, has clearly shown the co-existence

of variola and scarlatina; also of variola and rubella."

Dr. G. B. Wood disposes of the matter in his work on the practice of medicine as follows: "There seems to be a certain incompatibility between the several contagious febrile complaints; so that if an individual has been exposed to the causes of two of them he will not usually be effected simultaneously with both, but one will run its course, and when it begins to decline the other will appear. or the feebler one, if it have precedence, will be superseded for a time by the more powerful, and will return and finish its course after the latter has subsided. Such is the case with measles and smallpox. Occasionally, however, we see two of these complaints apparently existing together and modifying each other, as in the cases of measles and scarlet fever."

In his "Medical Notes and Reflections," Sir Henry Holland, one of the most philosophic of modern physicians, gives the following opinion on the subject: "Though we have many instances of such seeming incongruity of two diseases, that one present in the system precludes the ingress of the other, still, there is no foundation for a general law to this effect. On the contrary, we have various proof that morbid actions derived from sources wholly different may co-exist in the body, severally modifying each other, though under conditions scarcely surmised in our present knowledge."

That the effects of medicines on the system, or parts of it, will take the place of diseases, is the cardinal principle of homeopathy. Sulphur kept about the person (at the suggestion of the late Dr. Hering), in such a way as that some of it will be absorbed, has been extensively practiced, to prevent cholera. Belladonna is used by many homeopaths and others to prevent scarlet fever, and tobacco has long been used by not a few to prevent various acute general diseases. The use of counter-irritants is based on essentially the same principle.

The literature of this subject is meagre. It deserves more attention than it has yet received. More facts bearing on it are wanted. And here I may remark that the point of chief interest and value is not whether one special activity invariably prevents another, but whether it does so generally, or even in a fair proportion of cases.

THOS. S. SOZINSKEY, M.D.

Philadelphia, May 15, 1882.

Heredit.

ED. MED. AND SURG. REPORTER:—

During the discussion of Robert Koch's paper on the "Etiology of Tuberculosis," before the Congress of Medicine, in Wiesbaden, April 22d, which elicited the approval of all pathologists present, the question of heredity was brought forward, and answered by Koch in the following manner:—

It is a known fact, that the quality of the substratum has the greatest influence upon the proliferation of micro-organisms. The human body also does not always offer a uniformly good substratum to pathogenous micro-organisms. Thus one individual is more easily attacked by them

than another, on account of a difference in disposition toward infection. This disposition is hereditary; and hereditary tuberculosis is not a transmission of the bacilli of this disease, but the transmission of conditions which are favorable to their growth.

[Bazineky, during the discussion, pointed out the readiness with which general tuberculosis is developed during childhood, in preference to phthisis, depending upon the great blood pressure in the lungs in comparison with that of the general circulation. Cause: conditions of muscular wall of right heart.]

Boston, Mass.

F. W. VOGEL, M.D.

Feeding Invalids.

ED. MED. AND SURG. REPORTER:—

Believing, as I do, that we are too often guilty of prescribing and forcing upon our patients a certain kind of diet, though repulsive, regardless of the natural demand made known by the incessant and persistent craving of the system for certain articles which are forbidden them, you will confer a favor by inserting in your valuable journal the following inquiry, the result of which will be embraced in the consideration of the subject and made known in due time, viz.,

What is your experience in allowing your patients to eat whatever they crave or desire during their sickness?

1st. Do you generally direct what they should eat?

2d. Relate such cases in which your directions were not obeyed.

3d. Was the effect injurious?

4th. Was the effect beneficial?

5th. Was there any noticeable effect?

6th. State nature of disease and kind of diet taken.

The physicians throughout the country will confer a favor by sending us any information upon the subject, and to those so doing we will furnish a copy of the results of such investigation. All communications strictly confidential when so desired, and should be sent to

Delphos, O.

W. H. NUDING, M.D.

NEWS AND MISCELLANY.

Kansas State Medical Association.

The Kansas State Medical Association, in session at Emporia, Kansas, May 9th and 10th, elected the following officers for the ensuing year: Dr. G. W. Haldeman, of Paola, President; Dr. Menderhill, of Newton, Vice-President; Dr. T. D. Morse, of Lawrence, Secretary; Dr. W. W. Cochran, of Atchison, Treasurer. The next meeting will be held at Topeka, commencing on the third Tuesday in May, 1883.

Darwin Memorial Fund.

A Committee has been formed in London, consisting of the leaders in zoölogy and kindred sciences, for the purpose of promoting the establishment of a Darwin Memorial Fund, to be devoted to the furtherance of biological research.

Closure of Schools Affected with Infectious Diseases.

At a recent meeting of the London Society of Medical Officers of Health, the following resolution was adopted:—

"Resolved, That this meeting, feeling that some dangerous infectious diseases are disseminated through the agency of public elementary schools, approves of the action of the Educational Department in investing sanitary authorities with the power of requiring the closure of such institutions, with the view to preventing the spread of such diseases."

Cinchona Cultivation in Ceylon.

The rumor that cinchona planting in Ceylon was likely to die out, on account of the unsuitableness of the climate, has been denied. The variety *officinalis*, which formed the bulk of the first planting, is the only variety unsuited to the climate. *Succirubra* and *ledgeriana* are flourishing well, the former plants, about four years old, selling freely, in any quantity offered, at \$2.50 each.

Massachusetts State Medical Society.

At the recent meeting of the Massachusetts State Medical Society, it was decided, after much discussion, not to admit women to membership. The following officers were elected for the ensuing year: President, Dr. Alfred Hosmer, of Watertown; Vice President, Dr. John H. McKeiv, of New Bedford; Treasurer, Dr. Frank W. Draper, of Boston; Corresponding Secretary, Dr. Charles W. Swan, of Boston; Recording Secretary, Francis W. Goss, of Roxbury; Librarian, P. H. Hayden, of Boston.

Philanthropic Inconsistency.

Under the head of cruelty to animals, an exchange prints the recent bequests in a Philadelphia will, leaving \$1000 to the Society for the Prevention of Cruelty to Animals, and \$15,000 to the Managers of a Women's Hospital, on condition that they forever keep out all unfortunate girls from the obstetrical wards.

Items.

—Mr. Ray Lankester has been re-appointed Professor of Zoölogy and Comparative Anatomy at University College, London.

—Dr. Courbin, of Bordeaux, has detected small worms in the alveoli of a dog's lung, by microscopical examination. Some were free, some were encysted. The post-mortem established pneumonia as the cause of death.

—A very simple dropper may be made by bending a piece of glass tube at a right angle, and drawing one end out to a point. On inserting the other end into the bottle, and gently inclining the latter, some of the liquid will ascend along the tube, even before the liquid in the bottle has reached the mouth, and may be dropped at will.

OBITUARY NOTICES.

—Dr. John W. Corson, of East Orange, died on Friday, June 9th, 1882, in the 66th year of his age. Dr. Corson was a practicing physician in Brooklyn for many years, removing from there to Toronto, Canada, on account of ill health. After a few years' residence in Canada, having regained his health, he removed to East Orange, where he has resided for the past fifteen years. He was a frequent contributor to the leading medical journals, and was the author of several books published by the Harpers, of New York.

—Dr. J. J. Jennings died at his residence, No. 16 East Front street, Trenton, N. J., June 1st, 1882, from blood poisoning, the result of vaccination. It appears that Dr. Jennings vaccinated himself with bovine matter, using his pocket knife as a lancet, and soon afterwards his arm became very much swollen, and death finally resulted, as above stated. Dr. R. R. Rogers was called, and found that the inflammatory stage had passed, and that mortification had set in. The deceased had had a heavy chill and was in a high fever. The bovine matter used was the same as had been successfully used in many other cases, which leads the physicians to believe that either the system of the deceased was in an unhealthy condition at the time of the vaccination, or else there was some impure substance upon the knife blade which was used for a lancet. A well-known physician remarks that probably ten thousand persons have been vaccinated during the past two months in Trenton, and that Dr. Jennings was the only fatal case resulting therefrom, while there were many deaths the result of neglecting to be vaccinated.

MARRIAGES.

BULL-KINGSBURY.—On Saturday morning, June 10th, at St. John's Church, Waterbury, Ct., by the Bishop of the diocese, assisted by the Rev. F. T. Russell and the Rev. R. R. Converse, rector of the Church, Dr. Charles Stedman Bull, of New York, and Mary, daughter of Frederick J. Kingsbury.

CHASE-GRAVES.—In Woodstock, Vt., May 16th, by Rev. S. A. Parker, Dr. M. R. Chase, of Ludlow, and Eva H. Graves, of Weston.

HIER-SMITH.—On Tuesday evening, June 6th, 1882, at the residence of the bride's mother, 630 N. Twelfth street, Philadelphia, by Rev. Jacob Todd, D.D., Dr. W. G. Hier, of Cincinnati, and Olley, daughter of Mrs. Ellen and the late Dr. Charles P. Smith.

HOAG-WARNER.—In New York city, on June 1st, 1882, by Dr. Howard Crosby, Pierre C. Hoag, M.D., and Laura, daughter of J. W. Warner, M.D.

JORDAN-GODARD.—At Beaver, Pa., March 29th, 1882, by Rev. G. W. Shaffner, David C. Jordan, M.D., and Miss Laura E. Godard, both of New Brighton, Pa.

JULIEN-NEVINS.—At Roselle, N. J., on Thursday, June 1st, by the Rev. Matthew Julien, Dr. Alexis A. Julien and Annie Walker, daughter of Peter I. Nevins.

DEATHS.

GRAY.—In New York city, on Monday, June 5th, Dr. John F. Gray, in the 73rd year of his age.

JENNINGS.—In Trenton, N. J., on the 1st of June, James L. Jennings, M.D., in the 67th year of his age.

